David A. VanderNaalt
State Chief Information Security Officer

SISPO

Mary Beth Joublanc
State Chief Privacy Officer

Government Information Technology Agency

NOI Encryption Readiness Checklist

Agency Name: _____

NOI ID: Agency AFIS ID (XXX) + date (mm/dd/yyyy): _____

CIO contact Information: Name:

E-mail: _____ **Phone:** _____

NO responses to ANY checklist item below require a written attached explanation!

I, hereby confirm that my agency, board or commission understands and complies with the spirit and intent of HB 2785, Section 23, Executive Order 2008-10 and ARS 41-3507. ☐ **Yes** ☐ **No**

In addition, I take responsibility for the following, and confirm that my organization adheres to the Statewide IT Policies, Standards and Practices when implementing encryption solutions:

1. Have attached a written description of proposed encryption solution(s): ☐ **Yes** ☐ **No**

   Description should, at a minimum, address the *Why, What, When, Where* and *How* for the solution selected. Specific issues that require clarification include:

   - Estimated start and completion dates for implementation of solution
   - Identification of risks, vulnerabilities or threats that selected encryption solution is to mitigate
   - Methodology for installation, maintenance and compliance auditing of encryption process
   - Methodology for educating, training and compliance monitoring staff and end users
   - Economic impact of the proposed encryption solution, including initial implementation cost and on-going maintenance costs including staff labor, hardware, software, staff/end user training, licensing and professional services associated with the proposed solution.

2. Proposed encryption solution has been reviewed and approved by agency CIO, Information Security Officer and Privacy Officer: ☐ **Yes** ☐ **No**
3. Is a PIJ required for proposed encryption solution(s): ☐ **Yes** ☐ **No**
4. Has a dedicated Project Manager responsible for assessment and implementation of proposed solution been assigned? ☐ **Yes** ☐ **No**

5. Will the services of an IT security consultant be utilized in the evaluation and/or implementation of proposed solution? ☐ **Yes** ☐ **No**
6. Complies with statewide P170 Privacy policy: ☐ **Yes** ☐ **No**
7. Complies with statewide P740 - S741 *Classification and Categorization of Data Standard*: ☐ **Yes** ☐ **No**
8. Complies with statewide S850 *Encryption Standard*: ☐ **Yes** ☐ **No**
9. Have addressed "Key" management roles and responsibilities: ☐ **Yes** ☐ **No**
10. Has agency's "Acceptable Use" policy (statement) been updated to incorporate use of encryption technology and required business practices by agency staff and key 3rd parties? ☐ **Yes** ☐ **No**
11. Have all agency computer systems users **(**e.g., state employees, interns, volunteers, vendors, contactors, et al.) been trained and signed the updated "Acceptable Use" statement? ☐ **Yes** ☐ **No**
12. Indicate below which encryption solution(s) are being proposed for implementation.
    a. Full Disk: File Encryption: ☐
    b. Back-up Media and Archiving: ☐
    c. Mass Storage (SANs, NAS Encryption): ☐
    d. Database Encryption: ☐
    e. Removable Storage Drives and Devices**:** ☐
    f. Secured Transport of Information: ☐
    g. IT Security Consulting Services: ☐
13. Have minimum personal information encryption requirements as set forth in HB 2785, Section 23, been addressed or protected by the proposed encryption solution?** ☐ **Yes** ☐ **No**
14. Manages HIPAA and any personal identifiable information (for citizens, third parties and state employees) as confidential data, classifying and storing in a secured/encrypted environment: ☐ **Yes** ☐ **No**

** HB 2785, Section 23 defines personal information as: an individual's first name or first initial and last name in combination with any one of the following: Social Security Number, Drivers License, Identification card number, Account Number, Credit or Debit Card Number, Security Code, Access Code or Password.

Agency CIO Approval _____ _____
Printed Name **Signature**

SISPO Approval _____ _____
Printed Name **Signature**

Agency CIO Completion of Encryption Solution Confirmation to SISPO _____
Date Received